

Relapse Coping Strategies in Young Adults Addicts: A Quantitative Study in Iran

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ABSTRACT

Background: Cognitive-behavioral coping approach is known as an effective strategy to preventing relapse. Its goal is to forget incompatible behaviors and replaces them with the compatible answers. **Objectives:** This study examines relapse coping strategies in young adults in selected substance abuse treatment centers in Iran. **Patients and Methods:** The present is a descriptive cross-sectional study. The sample consisted of 70 self-referred young addicts (18-24 years). Adolescence Relapse Coping Questionnaire was used to assess relapse coping strategies. Descriptive statistics was used to analyze the data. **Results:** The findings revealed that 71.2% have experienced a relapse totally. It was hard to control the hypothetical high risk situation and they greatly wanted to use the substance (mean 7.39 of 10). Addicts have used of all three coping skills in "definitely would do" level. **Conclusion:** Enhancing self-efficacy through training coping skills, especially abstinence - focused coping skills to react properly in high risk situation can be useful.

Key words: Coping strategies, relapse, substance abuse treatment centers, young adult addicts

INTRODUCTION

Given to a long history of substance abuse disorders in the world, it also has remained as a serious problem in recent years.^[1] Because of some incorrect beliefs and specific geographical conditions, Iran has favorable conditions for youth to crave toward substance abuse.^[2] Drug abuse is considered as a social problem in the country.^[3] Based on a study which has conducted in Iran, the subjects experienced the drug use before they were 14 years of age in the 1st time.^[4] It seems that drug abuse among youth is spending


a progressive trend in the country.^[5] Hence, finding new ways to deal with this problem is one of the main priorities of Iranian government. In many countries, young adults aged 18-24 years have become a critical population who need to be addressed. This stage of life is assigned with intense psychological and mental disorder.^[6,7]

Drug abuse is known as a chronic repetitive process for a long time. Unfortunately, less attention has been paid to it until now.^[8,9] Anderson (2007) noted that the

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majority (85%) of relapse occurs among young people when they join together with their peers.^[10]

Research evidences indicate that many psychological factors are involved in drug addiction and subsequent relapse. Coping skills is one of these factors has been confirmed their effectiveness in many studies. The studies reminded these skills reduce drug use and relapse.^[11,12] Research has shown that relapse prevention can be some extent predicted by increased the types of cognitive coping responses and coping behaviors.^[13] Addiction treatment is a complex process that can be handled through addicts' desire to quit, family involvement and physical and psychological treatments.^[14] Coping cognitive behavioral therapy helps individuals to recognize the difficult situation, avoid them in the right time and apply effective coping mechanisms. Teaching coping skills, changing reinforcement contingencies, and fostering motivation are the some of the basic tasks in this approach.^[15]

Numerous studies indicate that learning coping skills is associated with a high degree of ability to prevent relapse among addicts.^[9,16] Unfortunately, the relapse rates are high among who are not capable to use effectively coping skills in stressful events (family conflict, peer pressure, financial difficulties or temptations).^[17]

Objectives

This study aimed to study relapse coping strategies in young adults self-referred to Substance Abuse Treatment Centers in the South Iran.

PATIENTS AND METHODS

A cross-sectional descriptive study was conducted to examine relapse coping strategies in young adult addicts to Bushehr public and private substance abuse treatment centers in summer 2013. All of young adult addicts aged 18 to 24 who were treated at these centers were voluntarily recruited. Finally, 70 people (total response rate 75%) of them accepted to participate in the study. Ethical considerations were approved by BPUMS Ethical Committee.

Adolescent Relapse Coping Questionnaire (ARCQ) was used for data collection. The questionnaire was developed by Myers a 34-item self-report measure to evaluate substance abuser coping skills.^[18] The questionnaire introduces a hypothetical situation "you arrive at a friend's house in the evening. There are a few other people; everyone is sitting around talking, drinking, and using drugs. When you sit down, you are offered drugs and something to drink." The questionnaire consisted of two parts: The first, assess appraisal and how he/she response to this hypothetical

situation by 10 points scale in six items and the second, evaluates the relapse coping strategies in seven points with 28 items. This part assesses scales of relapse coping strategies including cognitive and behavioral problem solving (12 items), self-critical thinking (7 items), and abstinence focused coping (9 items).

The validity of this survey has been confirmed by expert's views, and the reliability was calculated using Cronbach's alpha coefficient as 0.84. The questionnaire was distributed among addicts. SPSS version 16 and descriptive statistics were used for analyzing data. Results were reported as a mean \pm standard deviation for the quantitative variables and percentages for the categorical variables.

RESULTS

Seventy young adult addicts' aged 18-24 (mean 21.7) who were treated at public and private substance abuse centers participated. All participants were male. The highest level of education was diploma, and the lowest was bachelor's degree. 42% were unemployed. 3/24% single, 4/71% married, and 3/4% was divorced. 29% of them experimented prison. The most substance people taking were opium (37.7%) and heroin (29%), respectively. Participants mentioned their age at the onset of addiction about 17-year-old.

Regarding individuals experience in the hypothetical situation mentioned above, 14.7% of them mentioned they have never been in the situation, 42.6% of them 1-2 times, 22.1% 3-4 times, and 20.6% of them are more than 5 times were facing to this situation. Table 1 shows that how individuals are dealing with this situation.

As shown in table, this situation has been difficult for participants to cope with (7.39 out of 10) and, furthermore, it was important for them not to use drug (mean 8.03). However, they thought it was something that they could be able to keep themselves from using (7.51).

Table 2 shows findings from the ARCQ questionnaire and priority items to action by identified response pattern.

According to the findings from Table 2, the total mean score of coping skills was 5.19. In this regards the highest mean score is related to "self-critical thinking" subscale (5.45). In self-critical thinking subscale the item "wish that you could change what had happened" was the highest and finally, "think that using is bad, you do not want to be part of it" was the highest in the abstinence focused coping subscale.

Table 1: Response to the hypothetical situation

Items	Responding 1-3 n (%)	Responding 4-7 n (%)	Responding 8-10 n (%)	Mean	SD
How hard to cope with?	7 (10.4)	22 (32.8)	38 (56.8)	7.39	2.61
How much of an urge would you have?	11 (15.9)	33 (47.8)	25 (36.2)	6.23	2.68
How much of a risk for relapse?	10 (14.7)	28 (41.2)	30 (44.1)	6.63	2.59
How important is it that you don't use?	4 (5.9)	19 (27.9)	45 (66.2)	8.03	2.33
How likely do you think be able to keep from using?	4 (5.9)	34 (50)	30 (44.1)	7.51	4.16

SD – Standard deviation

Table 2: Findings from the ARCQ questionnaire

Item	n	Mean score	Response patterns Percentage of responding 1-4 (1, definitely would do - 7, definitely would not do)	Priority item rank
Subscale 1: Cognitive and behavioral problem solving		5.08		
Try to look on the bright side of things, look for something good that can come out of the experience	66	5.24	27.3	6
Change something about yourself so you can deal with the situation better	67	5.10	34.3	3
Make a plan of action and follow it	66	4.77	40.9	2
Discover what is important in life	67	5.30	32.8	5
Come up with a couple of different ways to handle the situation	67	5.07	25.4	9
Do something instead of using	65	5.34	24.6	10
Just concentrate on what you have to do next - the next step	63	5.35	27.0	7
Let your feelings out somehow	66	4.20	47.0	1
Think of a better time or place than the one you are in	67	5.36	20.9	12
Stand your ground and fight for what you want	66	5.14	33.3	4
Use self-control or willpower	67	5.28	26.9	8
Do something which you think won't work but at least you're doing something	66	5.33	24.2	11
Subscale 2: Self-critical thinking		5.45		
Wish that you could change what had happened	67	5.84	19.4	7
Criticize or lecture yourself	67	5.51	25.4	3
Keep others from knowing how bad things are	66	5.39	24.2	4
Make a promise to yourself that things will be different next time	66	5.59	21.2	6
Realize you brought the situation on yourself	67	5.24	28.4	2
Try to forget the whole thing	67	5.27	31.3	1
Wish you were a stronger person	64	5.62	23.4	5
Subscale 3: Abstinence focused coping		5.40		
Contact a support for staying clean	67	4.76	37.3	2
Use the support of a higher power	67	4.88	44.8	1
Think to yourself you don't want to blow sobriety or go back to using drugs	67	5.29	34.3	3
Think you would feel guilty if you use	67	5.52	22.4	7
Think that using is bad, you don't want to be part of it	67	5.55	22.6	6
Leave or avoid the situation	67	5.24	28.4	5
Talk to someone to find out more about the situation	67	5.42	20.9	8
Change something so things will turn out all right	67	5.28	31.3	4
Think others who matter to you (family, friends) will be upset	67	4.66	17.9	9

ARCQ – Adolescence relapse coping questionnaire

By prioritizing items based on response pattern to identify interventional areas for action and improvement, we found that the top items are in the subscales are: "Let your feelings out somehow," "try to forget the whole thing," and "use the support of a higher power," respectively.

DISCUSSION

In this study, 85.3 % of addicts have experienced the hypothetical high-risk situation at least once. It can be

said that this situation which individuals is tempted and return to drug use are easily provided in the community. In this regard, it is recommended actions by the families and related institutions to control and prevent the establishment of such circles occur. Based on the findings, it is important for addicts to avoid substances use but it was hard for them and they tend to reuse. These people were listed relapse risk rate and assistance from them in average level. By evaluating individuals responses along with appropriate measures encountering these conditions

and cognitive-behavioral coping skills training and upgrading can be helped to prevent recurrence.

In this study, participants have used coping skills in average level (5.19 out of 10) while they could take advantage of these skills at a higher level. It is recommended that authorities especially psychologists working in substance abuse treatment centers should strive to improve addict's skills to be able to avoid substance use if they faced to the similar situations. Given the importance of the third factor-abstinence focused coping-as the best predictor of current and future substance use in individuals, more attention needs to be paid to the training, and improving the skills. This study identified areas that it need to improve. In this regard, it suggested that decision-makers develop an action plan to strengthen these skills. In addition, establishing continuous training programs and develop coping skills by an expert especially, a Psychologist can empower addicts to maintain themselves against any temptation and craving.

CONCLUSION

This study examines relapse coping strategies in young addicts in Substance Abuse Treatment Centers in Iran. Based on the findings, addicts desire to reuse substance in a hypothetical high risk situation and it was hard to handle this situation. They used coping skills to avoid this situation at an average level. Improving self-efficacy skills through teaching coping skills can help them in this way.

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Conflicts of interest

There are no conflicts of interest.

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